

The Health Care Monitor

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Inside this Issue

- 2 **TRICARE Managed Care Support Contracts awarded**
- 3 **Everett sailor receives recognition for excellence**
- 4 **New TRICARE course teaches students how to provide service to beneficiaries**
- 5 **U.S. Coast Guard protects the Northwest from terrorism**
- 6 **DEERS verification changes for un-remarried former spouses**



TRICARE Northwest

Fleet Hospital 8 homecoming

By Larry Coffey
Naval Hospital Bremerton
PAO

The last of Fleet Hospital Eight's medical and support staff returned to the Pacific Northwest July 20 and 24.

A group of about 170 arrived at McChord Air Force Base the 20th before making the ride by military bus to Naval Hospital Bremerton. The medical heroes arrived at Bremerton at about 10:30 p.m. to the cheers of delighted family and friends, and the lights and cameras of two Seattle TV stations.

The second group of about 100 arrived the 24th at McChord Air Force Base at about 6:30 p.m., where approximately 35 personnel belonging to Naval Hospital made the trek by bus to Bremerton. The remainder went on to commands throughout the West Coast.



Capt. Tracy Johnson, an oral surgeon, is all smiles after hugs from his daughter. Johnson returned with Fleet Hospital 8 July 20. (U.S. Navy Photo)

FH8 was composed primarily of medical and support personnel from Fleet Hospital Bremerton, which is manned by Naval Hospital Bremerton personnel. Empty Bremerton positions were filled by mobilized Navy reservists from throughout U.S.

Medical and support staff for FH8 also came from about 20 other commands, including Naval

Hospital Oak Harbor, Wash.; and Navy hospitals, medical and dental clinics, and mobile construction "Seabee" units throughout the United States.

FH8 deployed Feb. 16 to provide medical treatment for sick and injured Soldiers, Sailors, Airmen and Marines deployed in support of Operations Enduring Freedom and

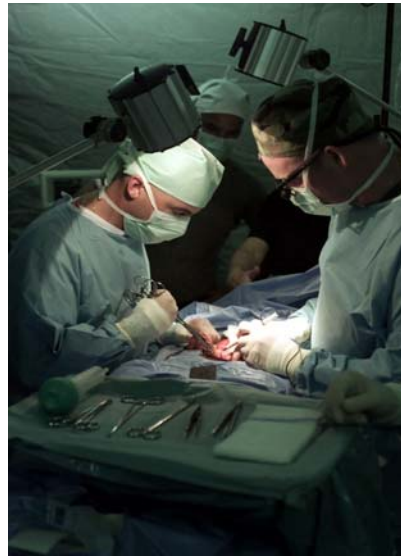
(Continued on page 6)

TRICARE Managed Care Support Contracts awarded

From: DoD News

Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs, addressed today's award of the TRICARE contracts to Health Net Federal Services, Rancho Cordova, Calif.; Humana Military Healthcare Services, Louisville, Ky.; and TriWest Healthcare Alliance Corp., Phoenix, Ariz. The three contracts are valued at an estimated \$6.4 billion, which does not include the target health care costs for option periods two through five that will be negotiated prior to exercising each option. Health care costs for these three contracts, for option periods two through five, are estimated to range between \$19.5 billion to \$20.5 billion. The new contracts will replace the current seven contracts over the next 14 months and will be simpler for the government to administer.

These contractors will provide health care services to our 8.7 million uniformed services beneficiaries and support to military hospitals and clinics in the United States. They put customer satisfaction first by pro-



OPERATION ENDURING FREEDOM (AFIE) -- The 28th Medical Group, are preparing to assist in a Keloid excision in support of Operation Enduring Freedom. (U.S. Air Force photo by Senior Airman Rebeca M. Luquin)

viding meaningful incentives for top performance in telephone access, claims payment and quality medical outcomes.

"The new contracts are part of the secretary's transformation efforts and will make a strong program better," said Winkenwerder. "Our new contractors will be strategic partners in support of medical readiness and their added value includes optimizing care in our military medical facilities, ensuring access to the highest quality civilian providers and offering preventive and out-

reach strategies for our beneficiaries."

Each contract includes at least a nine-month transition, plus five one-year option periods for health care delivery and support. The transition begins on Sept. 1, 2003. The turnover of responsibility for services in the newly aligned TRICARE North, South and West regions will be phased in, starting with areas in the West region June 1, 2004, and will be completed by November 2004.

"I anticipate a smooth transition," said Winkenwerder. "Through the transition period, beneficiaries will receive information about enrollment choices, primary care manager selections and the availability of specialists."

"I am very pleased with this next generation of Tricare contracts. They will take us to the next step in focusing on our patients, claims efficiency, ease of portability and enhancing our military medical facilities," said Lt. Gen. James B. Peake, Army surgeon general and commander

U.S. Army Medical Command.

"These contracts will afford the Military Health System greater flexibility and opportunity to execute the health care benefits enacted by Congress," said Vice Adm. Michael L. Cowan, surgeon general of the Navy and chief, Bureau of Medicine and Surgery. "Naval medicine looks forward to working with our sister services and our TRICARE partners to deliver a world-class benefit centered on families, grounded by Force Health Protection."

"The award of these contracts concludes an intense process of dedication and inter-service cooperation. It also marks the beginning of new partnerships specifically designed to focus on our beneficiaries, to reward quality, and help us strengthen our expeditionary Air Force," said Lt. Gen. George Peach Taylor, surgeon general of the Air Force.

Health Net Federal Services is the awardee for the \$2.2 billion contract for the TRICARE North region and will provide support and health care services in Connecticut,

(Continued on page 5)

Everett sailor receives recognition for excellence

By Larry Coffey
Naval Hospital Bremerton
PAO

EVERETT, Wash—HM2 John Alegre, a corpsman in primary care clinic at the Branch Medical Clinic at Naval Station Everett, was recently selected as the Naval Hospital Bremerton Senior Sailor of the Quarter.

Sailors from the hospital, as well as clinics at Everett, Bangor and Naval Station Bremerton, compete for the title of Senior Sailor, Junior Sailor and Blue Jacket of the Quarter after selection as their local command's SOQ.

Alegre said he was surprised when he was told of his selection.

"I didn't really expect to be selected," he said. "I did the best I could. I showed up in a sharp uniform, I prepared myself for the board, and I had a good package. But I felt I did poorly on the oral board. I was really surprised when I was selected."

When selecting an SOQ, the board looks at the Sailor's package, which details professional accomplishments and community involvement



HM2 John Alegre, a corpsman in primary care clinic at the Branch Medical Clinic at Naval Station Everett, was recently selected as the Naval Hospital Bremerton Senior Sailor of the Quarter. (U.S. Navy Photo)

for the quarter. The board also asks the Sailor questions in areas such as general military knowledge and current events.

HMCS(SW) Marcella Chmielewski, the senior chair of Naval Hospital SOQ boards, said Alegre was well-versed in all areas.

"He's very involved in clinic activities," she said. "He's a proactive Sailor and involved in the community. He's taking advantage of correspondence courses. His uniform appearance and

military bearing are immaculate. He's just a very well-rounded Sailor."

Alegre said this was his first time competing for the title of Naval Hospital Bremerton SSOQ and his second time competing as the Everett SSOQ. HM2 John Alegre, a San Diego resident, was born in the Philippines. With almost nine years of active duty service, he said his goal is to wear a khaki uniform.

After graduating from boot camp and HM "A" School, Alegre's first assignment was at the Naval Medical Center in San Diego from May 1995 to September 1997 in the 5 North Internal Medicine Ward.

From San Diego, Alegre transferred to Camp Lejeune, N.C., for duty with the Marines. During this tour he participated in peacekeeping missions in Kosovo, where he earned a Combat Action ribbon, a Kosovo Campaign Medal and a NATO Medal. He also

participated in humanitarian disaster relief efforts during a massive earthquake in Turkey.

Alegre reported to the Branch Medical Clinic in Everett in May 2001.



Soldiers of the 82nd Forward Support Battalion and 3rd Battalion of the 505th Parachute Infantry Regiment of Fort Bragg, N.C., provided free medical treatment for the people of the local village outside of Camp Salerno in Afghanistan. (U.S. Army photo by Sgt. Albert Eaddy)



Integrated Support Command Seattle Clinic—A dentist provides dental care for eligible active duty personnel. This facility serves about 1500 people. Their personnel primarily care for only active duty Coast Guard stationed in Seattle, and a number of recruiters and other active personnel stationed in Seattle from other branches. (photo by: Susie Stevens)

New TRICARE course better prepares those who serve beneficiaries

Fort Lewis, Wash— The TRICARE Fundamentals course was recently created to provide improved TRICARE education for new staff members. In July the course was taught here and about 36 students attended this new training.

"The course was developed using Instructional Systems Development, a formal instructional system used throughout the military.

A number of subject matter experts, military and civilian, combined resources to create a professionally written foundation course. The curriculum contains enough content to jumpstart the new staff member into making a significant impact on beneficiaries," said Linda Foote, chief of the staff development and training branch at TRICARE Management Activity (TMA).

TRICARE Fundamentals replaces the TRICARE Basic and Advanced Student Course (known throughout TMA as TBASCO, pronounced like the hot sauce). The Fundamentals course is intended for staff members who have not previ-

ously taken TRICARE training. In the future,

dents have gained the intended knowledge.

Development and Training Branch in Falls



About 36 students from the TRICARE Northwest Region took the new TRICARE course at Fort Lewis, Wash. in July.

senior and master professional courses will be added to the TRICARE curriculum for staff members who have less than five years and five years or more experience, respectively. "Our ultimate goal is to obtain continuing education and college credits for individuals who take our courses," said Foote.

The Fundamentals course uses instructor and student guides filled with consistent and concise concepts about TRICARE. Instructors convey the importance of speaking with one voice about TRICARE. Testing is part of the curriculum and will ensure that stu-

Questions regarding the TRICARE Fundamentals course should be directed to the TMA Staff

Church, Va., the office that replaces the Aurora, Colo., Military Liaison Division.



Ronald W. Peoples, Staff Development & Training Branch, Communications and Customer Service, TRICARE Management Activity teaches students how the Appeals process works. Peoplesretired from the Air Force in 2003 as the Senior Enlisted Advisor, TRICARE Europe where he developed health plan policy guidelines for 52 medical treatment facilities in 120 countries throughout Europe. (U.S. Army Photos by Susie Stevens)

(Continued from page 2)

Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia and Wisconsin.

Humana Military Healthcare Services is the awardee for the \$2 billion contract for the TRICARE South region and will provide support and health care services in Alabama, Arkansas, Flor-

ida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee and the eastern portion of Texas.

TriWest Healthcare Alliance Corp. is the awardee for the \$2.1 billion contract for the TRICARE West region and will provide support and health care services in Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, the western por-

tion of Texas, Utah, Washington and Wyoming.

During the transition period, beneficiaries will continue to file claims with their current Tricare contractor. Eligible Tricare beneficiaries are encouraged to contact the Defense Manpower Data Center Support Office (DSO) to ensure enrollment information in the Defense Enrollment Eligibility Reporting System (DEERS) is current.

DEERS enrollment may be verified by contacting the DSO at (800) 538-

9552, or by visiting the nearest uniformed services personnel office. A list of personnel offices or (RAPIDS Site Locator) is available at <http://www.dmdc.osd.mil/rsl>

The Military Health System is an integrated delivery system, one that is unique in its mission and composition, yet is based on sound business practices in health care purchasing and services delivery.

U.S. Coast Guard protecting the Northwest from terrorism



KODIAK, Alaska --Crewmen from the Coast Guard Cutter Alex Haley stand ready to protect an oil tanker transiting Prince William Sound en route the Port of Valdez. The Alex Haley and crew are a vital part of the Coast Guard's Maritime Homeland Security strategy by escorting and protecting mariners and ports from possible terrorist activities. Port of Seattle left—U.S. Coast Guard protects mariners and ports performing Homeland Security. (R Photos) Port of Seattle, Wash. and the view offshore from the U.S. Coast Guard facility here. (U.S. Coast Guard photos)



(Continued from page 1)

Iraqi Freedom. An initial group of 255 returned to Bremerton on May 14 before the FH8 was deactivated in mid July.

In its five months of operations, FH8 cared for almost 1,400 inpatients and performed more than 250 surgeries, said Capt. Pat Kelly, FH8 commanding officer.

FH8 staff initially built a 116-bed Expeditionary Medical Facility and later transitioned to a larger, more capable 250-bed Fleet Hospital.

Kelly said FH8 was the first, largest and longest deployed fleet hospital in Navy Medicine history.

HM1 Alarico Taeza holds his daughter while greeting the rest of his family July 24 at Naval Hospital Bremerton. The return of Fleet Hospital 8 was complete that night when the last group of approximately 100 arrived at McChord Air Force Base. (US. Navy Photo)

DEERS verification changes for un-remarried former spouses

Source: TMA website

The Social Security number used to verify TRICARE eligibility in the Defense Enrollment Eligibility Reporting System (DEERS) for Un-remarried former spouses is changing. Starting Oct. 1, 2003, DEERS will reflect TRICARE eligibility for these beneficiaries using the un-remarried former spouse's own SSN and not the former sponsor's.

Health care information will be filed under the un-remarried former spouse's own SSN and name. These beneficiaries will now use their own name and SSN to schedule medical appointments and to file TRICARE claims.

The current Uniformed Services Identification

and Privilege Card, DD Form 1173, held by the un-remarried former spouse is still valid until it expires. Upon renewal, the un-remarried former spouse will be issued a replacement Department of Defense/Uniformed Services Identification and Privilege Card, DD Form 2765.

The Defense Manpower Data Center Support Office is sending a letter to all beneficiaries affected by this change. The letter explains the new DEERS eligibility verification procedures and serves as official notification from DoD regarding this change. The letter does not, however, provide proof of continued eligibility for TRICARE health care benefits.

After Oct. 1, 2003, un-remarried former spouses

may contact or visit the nearest identification card issuing facility for questions or assistance.

Un-remarried former spouses should always keep their DEERS information current and up-to-date. For questions regarding their medical records, they should contact the Military Treatment Facility and medical records department where their DoD medical records are stored.

